

CHANGES OF CIRCUMSTANCES

- ✓ Changes of circumstances **must** be reported within **10 days of the date the change becomes known to the household.**

Important to Report

- ① Change of address
- ① Change in source or amount of income
- ① Amount of earned income counted increases or decreases
- ① Amount of unearned income counted increases or decreases
- ① Change in third party insurance
- ① Changes in health insurance premiums or coverage
- ① Changes in household composition (marriage, separation, divorce)
- ① Transfer of resource or income
- ① When resources exceed the program limit
- ① Death of consumer

See chart in KEESM 9121 for changes that need reported

If the change negatively impacts the consumer's eligibility, the consumer must be given 10 clear days notice prior to when the change affects eligibility.

- Client obligation increases
- Takes away medical card
- Causes financial case to close

Negative changes reported during a review do not require 10 clear days notice.

- ✓ If change positively impacts consumer's eligibility, the consumer must be notified. However, 10 clear days advance notice does not have to be given.
- Decrease in client obligation
 - Becomes eligible for medical card

Retroactive Change

KEESM 8172.3, 8270.3

What is a Retroactive Change?

A change in a patient liability/client obligation for any month equal to or prior to the current month.

For instance, if today was May 1, 2008

March	April	May	June
PAST MONTH = RETRO CHANGE	PAST MONTH = RETRO CHANGE	CURRENT MONTH = RETRO CHANGE	FUTURE MONTH

The retroactive PL/CO process differs based on the type of action that is taking place on the case.

- ❖ If a retroactive change is for a different living arrangement/level of care combination, the MMIS updates the long term care information immediately. No supervisory approval is required.
- ❖ If the retroactive change is for the same living arrangement, but there are no paid claims, the MMIS updates the long term care information immediately. No supervisory approval is required.

NOTE: Be careful. If the change was done in error it will still be applied to the MMIS information because no paid claims exist.

- ❖ If the retroactive change is for the same living arrangement and paid claims exist, the MMIS holds the liability change information in the pending patient liability file. The transaction is held until a person with an MMIS supervisory profile approves the information. An alert appears on **WOAL** indicating that a pending liability request exists for the case.

NOTE: If the change was a mistake, the pending file in the MMIS will automatically disappear after 90 days without supervisory approval or your supervisor may access the pending file and delete the change.

IMPORTANT: If a retroactive client obligation change is being made on an HCBS case, coordinate this with the casemanager. Changing the client obligation de-authorizes the plan of care and requires additional work on the part of the case manager (authorizing the plan of care again and informing providers who bill and collect the client obligation). All retro client obligation changes must be coordinated with the casemanager.

Multiple Retroactive Changes

If for some reason you are changing the liability/obligation for multiple past months, the MMIS system follows the basic steps detailed above except for the following.

- ❖ The MMIS looks at the most recent month for paid claims and if none are present makes the change. It then looks at the next most recent month, if paid claims are found it does not look back any further, but sends the remaining months to the pending file for supervisory approval.

The Pending Patient Liability Window-Instructions on how to approve or delete pending liabilities within the MMIS system will be provided in the MMIS system training provided by fiscal agent staff.

Example

Brent Mayne is an ongoing HCBS consumer. May 8th, you discover that you failed to allow for his BC/BS Plan 65 premium on the **MEEX** screen when you processed his review. He had an HCBS obligation of \$85 for the months of January through the current system month. He should not have had an HCBS obligation at all.

As a group, we will figure out what action is taken on Brent's case. Take notes in the area below.

Pending Patient Liability

File Edit Applications Options Addtl Options

BID No.: 00100000018 **Name:** JONES, CHIPPER

Action	Number of Duplicates	Benefit Month	Old Liability	New Liability	Date Received
	002	2004/10	\$700.00	\$100.00	2005/08/23
	002	2004/09	\$700.00	\$100.00	2005/08/23
	000	2004/08	\$700.00	\$100.00	2005/08/23
	001	2004/07	\$200.00	\$ 0.00	2005/06/05

Save
Exit

January	February	March	April	May	June
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HCBS CLIENT OBLIGATION CORRECTIVE ACTIONS

<u>SITUATION</u>	<u>APPROPRIATE ACTION</u>
Consumer Error <ul style="list-style-type: none"> Understated client obligation Overstated client obligation 	<p>Follow normal overpayment recovery process</p> <p>Adjust budgeting for the month following the month the change is reported. Do not adjust past benefit months.</p>
Agency Error <ul style="list-style-type: none"> Understated client obligation Overstated client obligation & consumer has a future client obligation Overstated client obligation and the consumer has no future client obligation to adjust or the future client obligation is so small as to not allow adjustment action to be completed within 12 months 	<p>Follow normal overpayment recovery process</p> <p>Adjust future client obligations to allow for the past overstated obligation amount(s)</p> <p>Retroactive client obligation adjustment</p>
Temporary Stay <ul style="list-style-type: none"> Ends up being a long term stay (no fault) 	<p>Change future budgeting to LTC/NF budgeting</p>
Consumer Passes Away <ul style="list-style-type: none"> Consumer dies and an overstated or understated client obligation exists for any reason 	<p>Refer information to the Estate Recovery Unit. Do not correct the case!</p>

NF PATIENT LIABILITY CORRECTIVE ACTIONS

<u>SITUATION</u>	<u>APPROPRIATE ACTION</u>
Consumer Error <ul style="list-style-type: none"> Understated patient liability Overstated patient liability 	<p>Follow normal overpayment recovery process</p> <p>Adjust budgeting for the month following the month the change is reported. Do not adjust past benefit months.</p>
Agency Error <ul style="list-style-type: none"> Understated patient liability Overstated patient liability Previous action to reduce a future patient liability is not reflected in the MMIS, consumer paid and NF billed per reduced patient liability 	<p>Follow normal overpayment recovery process</p> <p>Retroactive patient liability adjustment</p> <p>Retroactive patient liability adjustment</p>
Leaves a Nursing Facility <ul style="list-style-type: none"> Re-budgeting the last month of the NF stay using IL, HCBS, or WH income limits results in a reduced or no patient liability for the month 	<p>Retroactive patient liability adjustment</p>
Temporary Stay <ul style="list-style-type: none"> Ends up being a long term stay (no fault) 	<p>Change future budgeting to LTC/NF budgeting. In some cases, this may require the base period to be shortened and a retroactive liability adjustment.</p>
Consumer Passes Away <ul style="list-style-type: none"> Consumer dies and an over or understated patient liability exists for any reason 	<p>Refer information to the Estate Recovery Unit. Do not correct the case!</p>